



May 18, 2015

Project No: **M2015-024 Asbestos Abatement Services – 1001 Administration Office – Suite 213**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **1:30 PM, WEDNESDAY, MAY 20, 2015.** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

Tyrone White
Contract Certification Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
Phone: (305) 375-3123
Fax: (305) 375-3160
Email: twj@miamidade.gov



<http://www.miamidade.gov/internalservices/small-business.asp>

Please access the Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

VERIFICATION OF AVAILABILITY TO BID

INTERNAL SERVICES DEPARTMENT (ISD)
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: Tyrone White

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **Asbestos Abatement Services – 1001 Administration Office – Suite 213**

PROJECT NUMBER: **M2015-024**

Estimated Contract Amount: \$8,965.00

(Scope of work and minimum requirements for this project is attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Asbestos Abatement Services – 1001 Administration Office – Suite 213

PROJECT NUMBERS: M2015-024

ESTIMATED CONTRACT AMOUNT: \$8,965.00

SCOPE OF WORK:

The contractor shall provide all labor, materials, tools, equipment and supervision to remove bare floor, transport and dispose of Asbestos Containing Materials (ACM) in the building 1001 suite 213. The contractor shall provide full clean air monitoring work in progress (VIP) and final clear testing report to the occupied affected contaminated areas. Contactor must provide a square footage cost and a breakdown for each activity.

Work hours:

Friday from 3pm to 10 pm

Saturday from 8am to 6pm

Sunday from 8am to 6pm

Can you firm provide the requested scope of services?

Yes _____ **No** _____

Does your firm possess an asbestos license?

Yes _____ **No** _____

IF YOU FIRM POSSESS AN ASBESTOS LICENSEE, PLEASE INCLUDE A COPY OF THE LICENSE WITH YOUR FIRMS RESPONSE.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: twj@miamidade.gov or via fax (305) 375-3160 attention Mr. Tyrone White.

_____ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements to qualify and can perform the work as required.

_____ Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the contract.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: _____

NAME OF REPRESENTATIVE: _____

TITLE: _____ SIGNATURE: _____

TELEPHONE NUMBER: _____ E-Mail Address: _____